

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										-62-007280	
Registration District No. <u>233</u> Primary Registration District No. <u>5808</u> Registrar's No. <u>80</u>										STATE FILE NUMBER	
FILED FEB 20 1962											
1. PLACE OF DEATH											
a. COUNTY <u>Montgomery</u>						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jonesburg</u>						Length of stay in lb <u>7 Mo.</u>			c. CITY OR TOWN <u>Wentzville</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jonesburg Nursing Home</u>						Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			d. STREET ADDRESS (If outside, give location) <u>Wentzville, R.R.2</u>		
3. NAME OF DECEASED (Type or print)						First <u>Frank</u> Middle <u>Casper</u> Last <u>Koch</u>			4. DATE OF DEATH <u>Feb. 11 1962</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10/14/1887</u>		9. AGE (last birthday) <u>74</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Garden Planes Kansas U.S.A.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Henry Koch</u>				13b. MOTHER'S MAIDEN NAME <u>Josephine Schulte</u>				14. NAME OF HUSBAND OR WIFE <u>Hermenia Stein</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT <u>Wentzville, Missouri</u> <u>Miss Marcella Koch R.R.2</u>			
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Embolism</u>										INTERVAL BETWEEN ONSET AND DEATH <u>10 Min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>										15 yrs.	
DUE TO (c) _____											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized Arteriosclerosis.</u>										PART III. If deceased was female was there a pregnancy in last 90 days.	
Post CVA with Paralysis of Speech & Rt. Hemiplegia. Senility										<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from <u>Aug. 6 - 1961</u> to <u>Feb. 11 - 1962</u> and last saw her/him alive on <u>Feb. 7 - 1962</u> Death occurred at <u>12:55 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>O. H. Thompson DO</u> (Degree or title)						22b. ADDRESS <u>New Florence, Mo</u>			22c. DATE SIGNED <u>Feb 11 - 1962</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/14/1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Patricks Cemetery</u>			23d. LOCATION (City, town, or county) <u>Wentzville, Missouri</u> (State)				
24. FUNERAL DIRECTOR <u>E. Pitman Funeral Home</u> <u>909 Pitman Ave. Wentzville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2-14-1962</u>		26. REGISTRAR'S SIGNATURE <u>Laura B Callaway</u>					

(Licensed Embalmers' Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Garlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.